

The Public Health Journal

Vol. IX.

DECEMBER, 1918

No. 12

Mothers' Allowances

THE following report on "Mothers' Allowances" for Ontario, prepared by a committee appointed by a large gathering representative of the various agencies and individuals interested in the problem in Toronto, will be presented to the Premier of Ontario and his cabinet in the hope that suitable legislation may be passed at the coming session of the Legislature.

COMMITTEE ON MOTHERS' ALLOWANCES—Rev. Peter Bryce, *Convenor*; Mr. J. M. Wyatt, *Secretary*; Mr. Gilbert Agar, Mr. F. Bancroft, Miss J. Barclay, Rev. P. J. Bench, Judge Boyd, Mr. H. L. Brittain, Mrs. J. J. Carrick, Miss E. H. Dyke, Miss M. Foster, Mr. J. T. Gunn, Mrs. L. A. Hamilton, Dr. Charles J. Hastings, Mrs. A. M. Huestis, Rev. Rabbi Jacobs, Mr. J. J. Kelso, Dr. Helen MacMurchy, Inspector David McKinney, Mr. Robert E. Mills, Mr. F. Morgan, Dr. Margaret Patterson, Brother Rogation, Mrs. Sidney Small, Mr. F. N. Stapleford, Mrs. Brock Wilkins.

The Social Need

Every child is entitled to home life and care of a suitable character, and the best interests of the state require that it should do what it can to insure his getting it.

Very frequently it is the lack of funds that deprive children of the normal home life and upbringing. Usually the death or chronic incapacity of the person responsible for the support of the home is the cause of this unfortunate deprivation. Other analogous conditions may also arise.

The duty of the State to prevent improper care and treatment of children is recognized very broadly in the Children's Protection Act, but the positive duty of the State to encourage and make possible the natural and proper care of needy children in their homes by financial assistance is what remains to be expressed in provincial legislation and organization.

Therefore it is earnestly recommended that the Province of Ontario pass legislation forthwith providing administrative organization and funds as hereinafter described to prevent needy children being deprived of satisfactory home care.

TITLE.—The name "Mothers' Allowances" has become the accepted term for such legislation, and it is desirable for that reason. However "Allowances to promote home (or family) life for children" or "Children's Allowances" is more accurately descriptive of what we believe is needed for Ontario.

What Kind of Allowances Needed

THE BASIS FOR ALLOWANCES.—*The basis for such legislation should be the need for home care for every child, and, looking towards future developments, we feel that it would be a mistake if anything were enacted definitely negating this principle.* Ultimately the payments should be made with respect to children whose fathers are in prison or are insane or otherwise chronically incapacitated or whose fathers have permanently deserted. Moreover, ultimately in some cases the payments should be made to persons other than the mothers, for example, to a relative or foster mother when the mother is an unsuitable person, or even to a father to keep the home together when the mother is dead. *In every case the need of the child should be the prime consideration.*

TEMPORARY LIMITATIONS.—However, we realize that present conditions make it necessary, temporarily, to limit the scope of any such allowances, and we would suggest that at first the allowance be made with respect to children of widows, with a provision that, in exceptional circumstances, the allowance may be paid with respect to other analogous classes of children.

FLEXIBILITY.—The legislation should be as flexible as possible, leaving as much as possible to the discretion of the administration.

For example, instead of a fixed schedule of payments being established, the administration should be empowered to consider the needs and status of the family and decide upon an adequate allowance giving full consideration to possible supplementary sources of income.

ADEQUACY.—*It is essential that the allowance in each case be adequate to enable the child to have satisfactory home care, and should be conditional upon his receiving such care; otherwise it will be of very questionable value.*

How should the Administration be Organized

WHAT KIND OF ADMINISTRATION NEEDED.—There should be strong central control and direction of the administration, with a full use of existing agencies to avoid duplication of organization, skill and expense.

PROVINCIAL COMMISSION.—A Provincial Commission to be appointed by the Lieutenant-Governor-in-Council, to combine with the work for Neglected and Dependent Children the Administration of Mothers' Allowances, and to be known as the "Children's Aid Commission of Ontario".

The Commission to consist of seven public spirited citizens interested in Child Welfare Work, to serve without salary, at least three of whom shall be women.

The Commission to be provided with adequate finance to maintain an executive secretary and a supervising staff of trained workers of the highest quality.

The Commission to have the fullest supervising powers and final decision in all matters affecting allowances after Local Committees shall have dealt with same. To have full power to grant, condition, amend, and discontinue allowances after Local Committees shall have dealt with same.

The Commission to have power to make any regulations for carrying out the intent of the Act.

LOCAL COMMITTEES.—County Committees to receive and pass upon applications for allowance, amendments thereto, and discontinuance thereof. (Municipalities separated from their counties, such as Toronto, Hamilton, Ottawa, London, etc., etc., to be considered counties for purposes of the Act).

County Committee to consist of one representative appointed by the Council of the County, the Commissioner of the Juvenile Court, if any, or the County Judge, and the officially recognized agents of the Local Children's Aid Societies concerned. The Commission to have power to appoint a member in place of the County Judge or the official agents.

County Committee to meet at least monthly and to report promptly to the Commission such information as shall be required by regulation.

It is expected that in practice the Commission will use the Children's Aid machinery, where possible, for the initial investigation and for subsequent supervision of allowance cases supplementing this machinery by a highly trained central supervising staff, great or small as may be found necessary to maintain a satisfactory and uniform standard of case work throughout the province. It is expected that Government assistance to the Children's Aid Societies will be augmented and a corresponding increase in central control established. Of course, if a municipality preferred to provide its own investigators instead of those of the Children's Aid Society, no difficulty need arise.

NEED OF A COMMISSION.—This is a new departure involving specialized interest and skill and the expenditure of large sums of money. Public confidence will be best maintained by a specialized commission, non-

partisan if possible, looking to parliament for funds, and working through a highly skilled executive, rather than by an executive responsible to a government department whose energies are diffused by many diverse responsibilities and activities. The success of the scheme will depend upon the vigour of the central administration in maintaining standards of local work throughout the province.

WHY COMBINE WORK FOR NEGLECTED AND FATHERLESS CHILDREN?—

The reasons for combining the administration of allowances with the administration of the Children's Protection Act are as follows:

(1) Both activities have the same end in view and therefore require the same type of ideals. Technically speaking, the beneficiaries by allowance are dependents of the State, while the allowance is for the purpose of preventing them from becoming neglected or delinquent.

(2) The investigation and supervision required are very similar in character and should demand the same type of training. This would indicate that the same field staff could be used for both activities, which, in turn, would require unification or direction and control.

(3) It is obviously economical to make use of existing agencies when possible.

(4) A large addition to the responsibilities of the Children's Aid Societies might, by giving them prestige, increase their interest and thus make possible a higher standard of case work in child protection.

(5) The strong central supervising staff that would be possible with a combination of activities would also contribute to this result.

NEED FOR COUNTY COMMITTEES.—Obviously the Province and the County should be represented in passing upon applications for allowances as they are providing the funds. The County would be represented by an appointed member on the County Committee, the Commissioner of the Juvenile Court, and the official agent of the Children's Aid Society, can be looked upon as partially representing the Province, the Commissioner because of his provincial appointment and salary, and the Agent because his salary is partly paid by the Province, and because he would be under the direction and supervision of the Commission. On the other hand these two persons have definitely localized knowledge and interest.

The Commissioner Judge would supply the judicial mind and the knowledge of procedure, the Agent should supply the investigation of home conditions and the technical knowledge of scientific relief work, and the county representative would present the point of view of the ordinary citizen.

A provision that the Commission may appoint a person in place of the Agent or Judge is necessary because there is not always a satisfactory agent available, nor is the Judge always the person best able to give the necessary time and ability to this work.

How should Cost be Borne?

Province to pay from Provincial funds cost of central administration and supervision and half the amount of all allowances.

Remaining half of the allowances to be charged against the municipalities of the Province *in proportion to population*.

DIVISION OF COST BETWEEN PROVINCE AND MUNICIPALITY.—We believe that the financial burden should be divided about equally between the province and the municipalities for the following reasons:

(1) Too great financial responsibility on the municipality would weaken central supervision and control, and would make very difficult the maintenance of uniform or satisfactory standards in all municipalities. In the backward communities the legislation would be a dead letter; in others, it would be inadequately administered.

(2) Too great financial responsibility on the province would weaken local interest and would involve a heavier expenditure by the province, to provide satisfactory allowances, than the province could stand. The result would be inadequate allowances which are worse than none at all.

MUNICIPALITIES TO PAY ON BASIS OF POPULATION RATHER THAN CASES ASSISTED.—We believe that the plan of charging cost against a municipality on the basis of population instead of on the basis of amount of allowances paid for residents of each is preferable for the following reasons:

(1) It avoids the difficulties of determining residence as between one municipality and another. Anyone acquainted with the difficulties of establishing residence, even under as liberal a definition as that of the Hospitals Act, will appreciate the advantage gained.

(2) It distributes the burden more justly. It would seem that the chance of fathers dying in rural communities is about as great as in urban ones. Under present conditions, when children are left fatherless, if the mother has to go out to work, she usually has to move to a city or town to be able to do so. The result is that few families that would be eligible for mothers' allowances, remain in the rural districts. If the cost were charged against the municipality in which the beneficiary is found residing (which, ultimately, is the effect of any residence definition, because of the difficulty of establishing residence elsewhere), the rural municipality would not bear its fair share of the burden. The urban municipality would have an extra share because of the cases that had gravitated from the country.

(3) It insures the smaller municipalities making use of the allowances, which, in turn, would keep a large number of these fatherless families in the country where they can be provided for more cheaply and under best health conditions, instead of swelling the overcrowded districts of the cities. If the small municipality felt that each of its cases meant just

that much more added to the burden on its treasury, it is probably that in some cases there would be no allowances granted, or the awards would be so inadequate as to defeat the purpose of the allowances. Obviously the social benefits of the legislation would be confined to more enlightened municipalities. Of course many eligible cases would seek out such municipalities and establish residence therein. If the small municipalities feel that they are paying for allowances whether they use them or not, they will certainly make use of them to look after their own cases instead of allowing them to drift upon other municipalities. An obvious result would be to check, in some measure, the depopulation of rural communities.

On the other hand it was recognized that the municipality might be expected to be more prodigal of a common fund than if each of its cases was to be charged against it individually. However, it is pointed out that the most common defect in mothers' allowances elsewhere is that the allowance granted is insufficient to enable the mother to remain home, and therefore, it is spent without attaining its object. It is really more economical to err in the direction of generosity.

Besides it is possible to safeguard the fund against reckless expenditures. The organization suggested provides for full Supervisory and veto power in the hands of the provincial commission. Also it provides for provincial representatives on the local committees.

(4) It is important that we should realize that social problems are at least province wide in their incidence and implications. Certainly there are no watertight compartments within the province in so far as dependency and relief are concerned. The sooner this is made a principle of our political philosophy and recognized as such in our legislation, the sooner we will approach a solution of many of our problems.

MUNICIPALITIES TO PAY ON BASIS OF POPULATION RATHER THAN ASSESSED VALUE.—Population is suggested as the basis of charge, instead of assessed value of real property, because the basis of assessment varies so greatly in different municipalities. In some places property is assessed at from 75 to 85 per cent. of its actual value whereas in others the assessment does not exceed 15 per cent. of selling value.

Moreover the incidence of widowhood does not in any way depend upon the wealth of a community but rather upon its population. Furthermore, the need for allowances among a given number of widows is not in proportion to the wealth of the community, as a charge against assessed values would indicate, but rather in inverse proportion to wealth.

However, if some means of equalizing assessments is adopted, there will be little objection to basing the charges on assessment rather than population. This would have the advantage of following present practice in direct taxation and would make the tax roughly proportional to ability to pay.

Conference on Social Hygiene

Under the auspices of the Advisory Committee on Venereal Diseases for No. 2 Military District. November 14th and 15th, 1918. King Edward Hotel, Toronto.

A CONFERENCE on Social Hygiene was held under the auspices of the Advisory Committee on Venereal Diseases for the purpose of launching a nation-wide campaign against vice.

The conference was begun on ~~Thursday~~ ^{Wednesday}, November 14th, presided over by Colonel McCullough, the Provincial Health Officer, and under the leadership of Madame Avril de Ste. Croix, President of the International Commission of Women for Unity of Morals, as well as delegates from Montreal, Ottawa, Hamilton and Toronto.

In his opening speech, the chairman stated that one of the purposes of the conference was to rouse public opinion, and to popularize the subject under discussion. The Advisory Committee began its work in the Province of Ontario only last June, but already encouraging results have been obtained. Col. McCullough hoped to see a National Council formed in Canada, to prevent the spread of venereal diseases, and to open a campaign of education.

Dr. Gordon Bates read letters from Premier Hearst and the Lord Bishop of Toronto regretting their inability to be present.

Mrs. L. A. Hamilton introduced and welcomed Madame Avril de Ste. Croix.

Madame Avril laid emphasis on the fact that the moral aspect of the situation must never be separated from that of social hygiene and public health. What use would science be without moral sense, and the respect due to the individual? If the problems are attacked from a materialistic point of view only, it is probable that the ultimate result would be state regulation. Sociologists, hygienists and moralists must join together to solve the problem. State regulation, from which we are fortunately free in Canada, paralyzes progress in France. The question is being attacked now by the great leaders in France, and it is hoped that during the period of re-construction, state regulation will be swept away.

Prostitution is the result of the social conditions which make young girls go on the streets. In some cases, women resort to prostitution, not from hunger, but from insufficient education and from the influence of their environment in infancy. These evil social conditions must be fought with all the powers of the educational world banded together.

There must be proper education for children, instilled as soon as the child begins to think, and also there must be special sexual education. Present educational systems think it necessary for children to know absolutely everything except the one essential thing—how to keep pure their lives and the sources of life. To bring about reform, it is necessary to publish the subject widely, to rouse public opinion, and to teach mothers what to let their sons and daughters know.

Although the results are not yet wholly satisfactory, advances have been made in France. In the spring of this year, Madame Avril was asked to give a lecture at the University of Paris on Sex Education. Many professors and scientists were present, and it was unanimously decided to have the lecture published.

In the coming period of reconstruction, the first thing to be done is to establish means of protection for young girls, to raise those fallen, and to institute places (recreational) where young men and girls may meet under normal conditions. War has complicated matters more than ever. Now not only are there prostitutes to be raised, and physical ruins to be dealt with, but hundreds and thousands of girls who have been sent back from the regions invaded by the Germans. There are girls of ten, twelve, fourteen and older, and this makes the problem more arduous, but the women of France hope to conquer. They are convinced that the moral aspect must be more emphasized during reconstruction than the materialistic point of view.

Colonel McCullough asserted that state regulation is not successful anywhere, and that he believed that no single method ever would be. A combined effort of all our resources of education, proper laws, and public opinion, would be the only means of solution.

The following conclusions of a conference held in New York recently on this matter were read by Miss Saunders and endorsed by the Conference:

1. That the single standard of morals should prevail for men and women.
2. That continence is compatible with health and intellectual vigor for both sexes.
3. That men and women should serve together whenever possible on bodies whose functions concern the development and enforcement of moral standards.
4. That prostitutes be not treated as a class apart from other women, and that prostitution be not recognized as a trade.
5. That all measures either preventive or repressive concerned with social morality apply impartially to men and women.
6. That a simultaneous vigorous attack on venereal disease should be made, and that the issues of public health and morals be thoroughly correlated.

7. That sound sex education be incorporated into one entire educational system in homes, school, college, and the church and press.

8. That social and economic adjustments granting to the individual decent living conditions and adequate recreation are essential to progress in social morality. These adjustments concern especially:

(a) Housing conditions.

(b) Industrial conditions including conditions of work and wages.

(c) Proper and sufficient recreational opportunities.

Miss Jamieson of Montreal presented a report of the "Committee of Sixteen", which was formed in August, to investigate conditions in Montreal. In it were represented all the social organizations in Montreal—the medical profession, and Roman Catholics, Protestants and Hebrews. The object of the Committee was to make a special study of the problems facing Montreal, and to put the facts before the public, in order to stir up a realization of its danger. The policy of the authorities in Montreal is to suppress, not to regulate. The city is "wide open" to this policy of toleration. The report of the Committee (which can be verified from their office) shows one hundred and sixty cases in three months. The work of the "Sixteen" to date has been constructive to a certain extent, but has consisted mainly of examining these 160 cases and gathering information. The Committee includes three sections:

1. Venereal Diseases—Major Haywood.

2. Legislation—Mr. Falconer.

3. Aggressive Prosecution of Individuals—Col. Rexford.

GENERAL DISCUSSION.

Mrs. O'Sullivan, Superintendent of the Mercer Reformatory, discussed the "Present Methods of Dealing with Sex Offenders among Women". She stated that punitive measures were ineffective and immoral. The aim should be reformation. Short sentences make this impossible. First offenders should be pardoned outright, and put on probation, or given a sentence long enough to insure proper medical attention, and to permit of reformation and education. The Reformatory should be situated not in the factory district, but in the country, where the girls could be given work in the fields, not too difficult or tedious, which would direct their emotional affections into helpful channels. The Mercer Reformatory, to our great disgrace, is full of feeble-minded prostitutes who are a source of difficulty, in that they are not allowed to commit them to custodian care, after their term in the Mercer. Mrs. O'Sullivan reported that the sex offenders caught were divided into three classes: (a) non-professionals; (b) seduced—the victims of environment; (c) feeble-minded and professional prostitutes. There are at present in the Mercer Reformatory, ninety adults and four

babies. Twenty-three are under treatment. Of forty-one received at the Mercer since July 1st, thirty-four were suffering from gonorrhœa. Mrs. O'Sullivan concluded with the telling remark, when speaking of the difficulties of the girls after being released from prison: "Pity that the people *out of prison* are not a little better."

Inspector McKinney gave an address on the "Present Methods of Dealing with Sex Offenders among Men". He said that he came in contact with sex offenders in two ways: through the Police Court, and through information from outside sources. Suspects are examined at the jail, and if they are found to be attacked by the disease, they are sent to court. If the information comes through outside sources, a letter is sent asking the man to come into the office. When he appears, he is questioned, and if he is suspected, he is taken to the M.O.H. The M.O.H. sends him to a physician, and writes a letter to the physician at the same time. Men and women are told that if they spread the disease they are incurring penalty. Inspector McKinney paid tribute to the great work being done by the Medical Health Officers and the Police Court, and said that the Crown Attorney and Magistrates are doing their very best to insure proper medical attention for the cases which are brought to their attention.

Dr. Margaret Patterson spoke on the "Inadequacy of Present Methods of dealing with Sex Offenders among Women". She asserted that we must not be satisfied with examination by the Court Physician for Venereal Diseases alone, but for mentality also. She attacked the system of fines, and said it was deplorable that a keeper of a house should escape with the mere payment of a fine. She advocated offenders being sent to an institution where they may be medically treated, educated and taught a useful occupation, and where they may remain until strong morally and mentally, and have earned a sufficient sum of money to enable them to make a new start.

Madame Avril pointed out that one reason that rescue work was unsuccessful is that these girls are looked upon as a different class of people. The first approach is so very important, the first touch in the first interview either antagonizing or winning the girl. The lack of understanding shown by other women had grieved Madame Avril for many years. The girls should be treated as human beings, given proper surroundings and congenial work. Many encouraging results have already been obtained by these methods. Virtue should not be made too hard.

"The Inadequacy of the Present Methods of dealing with Sex Offenders among Men" was not discussed, owing to the absence of the speaker, Dr. Hastings.

Mrs. Smillie, of Ottawa said that it is nothing short of crime to let children grow to the age of sixteen to twenty without purely-taught know-

ledge of the source of life. Children should be educated in the home, in the school, in the church, and in the press. There should be an extensive campaign of fear, such as was found effective in dealing with tuberculosis. Captain Bates agreed that such a campaign would prove beneficial.

Miss Saunders told of the education of women in Sex Hygiene in the States. This work is carried out at government request, by "organizers" and women doctors, under the Y.W.C.A. The duty of the organizers is to go first to a town to interview the different employers and schools there, and to make arrangements for lectures, and the spreading of literature. The doctors follow and address the women. Miss Saunders hoped to see this plan considered in Canada, and expressed the willingness of the Dominion Council of the Young Women's Christian Associations to aid in it.

Mrs. Hamilton spoke of the steps taken in Philadelphia in regard to public education. A booth was placed in the city square, where literature could be procured and where talks were given to women. "Damaged Goods", and other educational films were found to be of use among the military. Would not such films be beneficial in a campaign among the civilian population? Mrs. Hamilton believes that moving pictures have a great future in educational work.

Dr. Ogden emphasized the absolute necessity of the teaching of children by their parents at the very earliest age. He asserted that the child's curiosity would lead it to find out for itself in the wrong way. After the parents, it was the family physician's place to instruct the child. Teaching in the schools, he thought, would never achieve the proper results.

Dr. Margaret Patterson reiterated the opinion that the lack of education was a crime. She believed that 90 per cent. of the mothers wanted to do what was best for their children, but that they felt they did not know just what knowledge to impart, or how to impart it. Dr. Patterson appealed to Dr. McCullough to have published and placed among the splendid literature issued by the Department of Health in Ontario, pamphlets giving mothers and fathers the necessary information. The books she would recommend were by Dr. Winfield S. Hall, and were quite inexpensive: "An Open Letter to Parents"; "John's Vacation"—for boys; "Life's Problems"—for girls.

A representative of the Salvation Army gave an account of the work done by two young men about fifteen years ago, in organizing an "Alliance of Honour" in England. He suggested that something of the same nature be considered here.

Madame Avril said that the child's education must begin twenty years before his birth—that is to say, through the education of his parents. Children should never be told a lie when they ask questions. They should not be told—"You must not", but—"Do this, and you will

be healthy, happy and useful". Madame did not believe in coercion. In schools, sexual education should begin with nature study, vegetable growth, and animal life, among the very youngest children. If the subject is treated with dignity there is no need to fear mockery, but if the teaching is left till the child is ten or twelve, his curiosity is roused.

Madame Avril does not think that a campaign of fear alone is enough. It has been proved that the medical students in Paris are those most attacked by the disease. When we fight against disease, we must fight against the preconceived idea of shameful diseases. There are shameful acts, but no shameful diseases.

Further plans for the war against vice were considered on Friday, November 15th. Mrs. L. A. Hamilton presided, and Dr. Bates opened the discussion by drawing attention to the chief causes of immorality, viz., the impossibility of marriage at the time when nature intended people to marry; the crowded conditions of the slum, which throws people together indiscriminately; and the lack of proper places where young people may meet under normal moral conditions. The unsupervised dance halls of Montreal and Toronto are hot-beds of immorality.

Mr. Charles Bishop, of the Y.M.C.A., argued that the movement for treating the causes of evil social conditions would go very deep, and would involve the question of housing, transportation, and other such problems, and would ultimately affect the incomes of business men. Prohibition, without a doubt, has helped to a great extent to combat venereal disease, and we must insure its continuation after the war, lest there be a relapse in the disease.

Some of the present forms of entertainment must be done away with, and others substituted in their place. There is a certain type of theatre house which is within the law but it is a perpetual menace to the more innocent girls and young men of a city. Such theatres are the fuel for the fire of prostitution. The constructive work in this matter of entertainment must be done, not from a commercial but from a civic standpoint. This work is the concern of the city, and should not be left to the comparatively small sphere of activity possible to the Y.M.C.A., and such organizations. Mr. Bishop was of the opinion that the moving picture business upon the whole has helped to counteract vice during the last two years. He suggested that moving picture theatres in proper places, with prices and conditions regulated, and interesting and helpful plays shown, would be of much value in fighting vice. The soldiers will come home with the Y.M.C.A. Huts before their minds as an ideal for community centres, and it is along these lines that work can be done.

Mrs. Courtice made the suggestion that moving picture appliances might be installed in the Public Schools and that these might act as "public homes", where entertainments of an educational character

might be provided, and children taught to lead honest, useful lives. Higher ideals might thus be created.

Miss Jamieson told of a movement being carried on in some of the schools of Montreal, whereby night schools, clubs, and physical classes were formed for boys and girls, and where talks were given to parents. The result is already apparent, in that women are taking a keen interest in civic affairs.

Mrs. Hamilton suggested that Y.M.C.A. Huts and Y.M.C.A. Hostess Houses, and other such organizations, be continued in civilian life, for the promotion of "A Nation-wide organization for Friendliness".

It was moved by Dr. Patterson, and seconded by Mrs. Smillie, that a sub-committee be formed to draw up the findings of the Conference into concrete form.

The Resolution Committee met after the general conference and adopted the following resolutions:

1. That this conference is of the opinion that the use of alcohol contributes largely to immorality and its consequent venereal disease and therefore puts itself on record in favour of nation-wide prohibition.

2. That in the opinion of this conference the problems of social immorality and prostitution cannot be attacked only from a materialistic point of view, but that the moral and spiritual side must never be separated from that of hygiene and public health.

3. That this conference expresses approval of the use of educational films on the venereal disease question—none of which are generally in use in Ontario as yet.

4. That in view of what has been done elsewhere in the United States and England in curbing the vicious influences that have been associated with some forms of entertainment this conference deeply regrets that no steps have been taken in Ontario, and particularly in Toronto, to curb the pernicious effects which are associated with certain theatres which are known as notorious centres of immorality. The conference recognizes that legitimate theatrical productions and the use of film pictures has proven to be of the greatest benefit morally. The conference recognizes that it owes a debt of gratitude to those in the theatrical and moving picture business who have obviously made an effort in the direction of wholesome productions.

5. The problem of housing, especially in regard to young women living alone is a very acute one and should be dealt with energetically by the government and communities, in that bad housing conditions are regarded by the conference as a strongly contributing factor in the production of immorality and venereal disease.

6. That a living wage for all workers commensurate with opportunities for self-development is essential to the establishment of conditions making for moral public life.

7. That this conference is of the opinion that community centres and community recreation should be everywhere established which should co-operate with such bodies as municipalities, church organizations, public schools and other existing organizations. Further, that this work should be coordinated for the whole dominion and that no section of the community should be neglected in this "Nation-wide organization for Friendliness".

8. This conference is of the opinion that it is most necessary to establish opportunities for normal companionship between young men and women and that places where they may meet under normal healthy surroundings should be provided.

9. That the conference appreciates the action of the Ontario government in enacting valuable legislation and feels that measures should be taken to see that there be a coordination between the various provinces in the passing and enforcing of such legislation.

10. That in view of the great physical, moral, spiritual and economic damage arising from immorality and its resultant venereal disease a nation-wide campaign of education should be commenced and to this end a national committee for combating venereal disease should be formed.

11. That early marriage is desirable.

An International Social Hygiene Conference

At the Social Hygiene Conference called October 18th and 19th, 1918, in New York City by the Social Morality Committee of the National War Work Committee of the Young Women's Christian Association of the United States of America, for the purpose of bringing together men and women interested in social problems affecting women in England, France, Canada and the United States; it was voted that the conference commit itself to the following principles:

1. That the single standard of morals should prevail for men and women.

2. That continence is compatible with health and intellectual vigour for both sexes.

3. That men and women should serve together whenever possible on bodies whose functions concern the development and enforcement of moral standards.

4. That prostitutes be not treated as a class apart from other women and that prostitution be not recognized as a trade.

5. That all measures either preventive or repressive concerned with social morality, apply impartially to men and women.

6. That a simultaneous vigorous attack on venereal diseases should be made, and that the issues of public health and morals be thoroughly correlated.

7. That sound sex education be incorporated into our entire educational system in home, school, college, the church and press.

8. That social and economic adjustments granting to the individual decent living conditions and adequate recreation are essential to progress in social morality.

These adjustments concern especially:

(a) Housing conditions.

(b) Industrial conditions including conditions of work and wages.

(c) Proper and sufficient recreational opportunities.

To the end that some action may be taken along these lines the details of which will vary in adaptation to varying local conditions, an international committee of 12 original members with power of self enlargement was appointed to work in co-operation with agencies already existing in the respective countries. The following people were asked to serve and elect their own chairman.

1. France—Mme Avril de Ste. Croix and two men named by her.

2. England—Miss Edith Picton-Turbervill, O.B.E. and two others named by her.

3. Canada—Mrs. L. A. Hamilton, Capt. Gordon Bates and one woman.

4. United States—Dr. Abraham Flexner, Dr. M. J. Exener and one woman.

A Study in Diphtheria Mortality, with Comments on Treatment*

ARCHIBALD L. HOYNE, M.D.

Chicago

Reprinted from *Archives of Pediatrics*, September, 1918

OUR knowledge of diphtheria appears to be remarkably complete, and yet we see the ravages of this disease going on year after year.

There is, in fact, no indication diphtheria morbidity has lessened since the introduction of antitoxin, but rather that it is constantly on the increase. However, it must be justly said that a portion of this increase is undoubtedly assignable to the steady improvement in laboratory facilities for diagnosis, and to the everlasting campaigns of publicity waged by the health departments of our cities and states. Nevertheless, in spite of this, too often no apprehension is aroused in the minds of either parents or physicians when sore throats are first encountered.

The accompanying tables were compiled from the clinical records of the (old) Municipal Contagious Disease Hospital.* This institution is under the jurisdiction of the Chicago Health Department. It receives diphtheria patients exclusively, and the number of its cases serves as a barometer of diphtheria prevalence throughout the city.

TABLE I

	PATIENTS ADMITTED						PATIENTS DIED					
	1912	1913	1914	1915	1916	Total	1912	1913	1914	1915	1916	Total
Jan.....	136	161	139	100	118	654	13	29	13	19	19	93
Feb.....	118	121	101	76	119	535	10	20	7	8	13	58
Mar.....	181	136	123	95	108	643	19	15	13	11	17	75
Apr.....	98	135	94	93	93	513	28	23	12	9	6	78
May.....	109	127	134	94	122	586	16	22	15	6	17	76
June.....	101	135	78	72	110	496	13	14	11	5	12	55
July.....	80	120	115	54	100	469	18	11	15	1	20	65
Aug.....	70	76	63	71	127	407	11	6	13	10	14	54
Sept.....	85	96	95	78	180	534	7	4	12	6	19	48
Oct.....	141	121	115	76	198	651	11	8	17	17	20	73
Nov.....	156	93	110	77	217	653	12	9	18	13	23	75
Dec.....	180	112	97	98	189	676	30	7	8	11	28	84
Total.....	1455	1473	1264	984	1681	6817	188	168	154	116	208	834

*Inaugural thesis, read before the Chicago Pediatric Society, May 21, 1918. Made at the suggestion of the Commissioner of Health, Chicago Health Department.

MORTALITY PER CENT. (APPROXIMATE)

	1912	1913	1914	1915	1916	Total
Jan.....	9	18	9	19	16	14
Feb.....	8	16	6	10	10	10
Mar.....	10	11	10	11	15	11
Apr.....	28	17	12	9	6	15
May.....	14	17	11	6	13	12
June.....	12	10	14	6	10	11
July.....	22	9	13	1	20	13
Aug.....	15	7	20	14	11	13
Sept.....	8	4	12	7	10	8
Oct.....	7	6	14	22	10	11
Nov.....	7	6	16	16	10	11
Dec.....	16	6	8	11	14	12
Total.....	12	10	12	11	12	12

Table I shows for the five-year period 1912 to 1916, inclusive, there were 6,817 patients admitted to the hospital. Of this number there were 834 deaths, a mortality of approximately 12%. Such a death rate is rather low when it is considered that a large proportion of the cases sent to this institution are neglected ones. In fact, many patients are admitted in a dying condition; the parents only consenting to hospital care after the disease has made such progress that a fatal termination is inevitable.

It will also be noted from Table I that there is little variation in the proportion of patients received during the corresponding months of different years. Moreover, there is some recession from April to October. It will be seen too that the number of patients cared for in 1916 was about 200 greater than in 1912, which indicates a marked increase in the prevalence of diphtheria throughout the city at that time. For the year 1917 the number of cases treated made a new record for the hospital, reaching a total of 1,957, with 257 deaths, a mortality of 13+%. Thus it is again demonstrated that diphtheria thrives, and that while the mortality rate may be no higher, the morbidity is ever greater and the total number of lives lost increases yearly.

For example, in 1912 there were 7,288 cases of diphtheria reported in the entire city of Chicago, with 950 deaths, or a mortality of 13+%. In 1917 the total number of cases was 10,290, with 1,216 deaths, or a mortality rate of 11+%. So here is shown a morbidity increase of 3,002 in 1917 over 1912, and though the mortality rate is approximately 2% less, the actual number of deaths was 266 greater.

TABLE II

MORTALITY ACCORDING TO SEX 5-YEAR PERIOD

Year	Male	Female	% Male	% Female
1912	82	90	47+	52+
1913	74	77	49+	50+
1914	62	61	50+	49+
1915	54	52	50+	49+
1916	95	103	47+	52+
Total	367	383	48+	51+

Of the 730 records available in the fatal hospital cases for the five-year period 1912-1916, Table II shows how nearly equal the patients were divided as regards sex. Another observation which might well be made here is the extremely small number of cases occurring in the coloured race. As in poliomyelitis, there is absolutely no question but the negro is relatively immune to diphtheria. This statement is made with a full knowledge that Wright's investigations in 210 cases do not support such a view, at least as applied to adults.

In Table III the 750 fatal cases are grouped according to age, and it is rather remarkable to note the close similarity of figures for the same age periods of the different years. As is well known, and is very apparent from this table, the highest diphtheria mortality occurs between the second and tenth year. In addition many of the cases placed in the 1-year to 2-year class were only just under the 2-year age. Diphtheria in the first year of life constitutes a very small percentage—less than 1% Rolleston has found—of the total cases. So though the mortality may be as high as 45% at this period, the number of deaths makes up but a small fraction of the total mortality for all ages. The youngest patient with a fatal termination in my statistics was but 8 days old. However, the clinical record creates considerable doubt as to whether this actually was a case of diphtheria. The eldest case in this mortality list was a man of 67 years.

TABLE III

MORTALITY PER CENT. ACCORDING TO AGE IN 750 FATAL CASES

Age	1912	1913	1914	1915	1916	Approximate Totals
0-1	12.20	6.62	6.50	5.66	5.05	7
1-2	16.27	18.54	10.56	14.52	24.74	20
2-3	17.44	15.23	13.00	14.15	15.65	15
3-5	20.93	22.51	20.32	20.75	18.68	20
5-10	17.79	21.12	24.39	28.30	25.75	23
10-15	5.23	5.96	10.56	3.77	7.07	6
15-25	4.65	6.62	4.88	2.83	1.51	3
Over 25	4.65	3.31	1.62	2.83	1.51	2

In the 750 fatal cases, the following classification was made regarding the site of the membrane, no distinction being drawn between the purely tonsillar and the pharyngeal—pharyngeal 140 (18 2/3%), laryngeal 121 (16 2/5%), nasal 28 (3 11/15%), pharyngeal and nasal 288 (38 2/5%), pharyngeal, nasal and laryngeal 71 (9 7/15%), pharyngeal and laryngeal 69 (9 1/5%) and laryngeal and nasal 33 (4 2/5%). Some of these patients also had miscellaneous sites of infection, secondary involvement, as eyes, ears and vagina, but the older records are not sufficiently clear to permit any accurate conclusions as to definite figures. It will be seen from the foregoing that the straight pharyngeal and the combined pharyngeal and nasal cases constituted nearly 60% of the total deaths. Or, if we add to these the straight nasal cases, we find that more than 60% of the total deaths occurred without involvement of the larynx. Whereas the percentage of cases with nasal involvement was high, a factor so frequently overlooked by the general practitioner.

Among the complications in this article, cervical adenitis was noted 465 times (62%), this usually denoting extreme or severe toxemia. Broncho-pneumonia was responsible for 137 (18 4/15%) of the deaths, and heart failure (usually myocarditis) 78 (10 2/5%). Hemorrhage was a serious complication in 110 (14 2/3%) cases, being an important factor if not the cause of death in most of this number. Paralysis, usually muscles of deglutition, occurred in 74 (9 13/15%) of the cases, not including those in which the heart was involved. 44 (5 13/15%) suffered from an otitis media. Strange to relate there is but one instance of a definite mastoid having occurred, and there are only 3 (.4%) cases of nephritis mentioned among the total deaths. Of the entire number 285 (38%) were intubated cases and 15 (2%) were tracheotomies. Unfortunately, it is not possible to give the total number of patients, among all those admitted who were intubated, so the mortality per cent. for this class cannot be stated. For different months it appears to have varied from 25% to 65%. While such percentages may be deemed high, they correspond quite generally to the results obtained in other institutions and are in no wise to be unfavourably compared with the astonishing figures of Cartin, who reported 350 intubated cases in private practice with a mortality of but 14%. In hospital practice, where there is every facility for giving intubated cases the extreme care which they demand, a mortality not exceeding 30% is deemed very good. Rolleston refers to a mortality of 63.2% for these cases and also mentions that in 129 tracheotomy patients the mortality was 69%. In the heart cases 2 notable warning signals were very frequently given when serious danger impended. These signs were epigastric pain and emesis. Quite often a patient, with a very severe attack of diphtheria, who seemed to be regaining a firm hold on the life, which had almost slipped from his grasp

early, would suddenly present these symptoms 10 or 12 days after the onset of the disease. Under such circumstances the prognosis is usually bad, death often ensuing within 12 to 24 hours as a result of heart failure.

For the fatal cases listed in this paper the average number of days illness at time of admittance to the hospital was 4. This figure is based on the history cards filled in by the ambulance surgeon at the time patient is accepted for removal to the hospital. An average duration of 4 days for diphtheria without treatment, or at best insufficient treatment—not enough antitoxin, if it has been given at all—is bad. Nevertheless the truth is that in an extremely large number of cases, the parents, honest estimate of the duration of the disease falls short by from one to three days. In other instances a brief period is wilfully given, because the parent, finally observing the child to be critically ill, is ashamed to admit responsibility for failure to provide medical attention early. Veeder says in cases receiving antitoxin on the fourth day 19.7% died, while those receiving it on the first day but 4.3% resulted fatally.

For the quintan, the average number of days which these patients survived after admittance to the hospital was 6. There were, however, 227 (30%) of the 750 who died within 24 hours after entrance; that is, these cases were moribund when received at the institution.

319 (42 8/15%) of the total deaths had received no antitoxin previous to their arrival at the hospital. In 9 instances no record appeared concerning former treatment, and in the remaining 422 (56 4/15%), the amount of antitoxin given in the home varied from 500 units to 60,000 units. But in very many of these the antitoxin was administered on either the same day or the day preceding the one on which the patient was hospitalized.

The average total dose of antitoxin received by the 750 fatal cases in the hospital was 16,676 units. The largest total dose in any one of these was 100,000 units. A study of the clinical records confirms the opinion of others regarding the size of antitoxin dosage; namely, that a diphtheria patient who cannot be saved by 50,000 to 60,000 units will not make a recovery on double that amount.

Until shortly after February, 1917, when this study of diphtheria mortality in the Old City Contagious Disease Hospital was undertaken, it had been customary to give all patients whiskey and strychnine as stimulants or tonics. This practice started almost as soon as the patient was admitted and frequently continued until the termination of the case. Although fully cognizant that the use of whiskey as a tonic or stimulant in diphtheria has been recommended, or else approved, by many eminent authorities, still it is my firm conviction there is far too much of it used in the treatment of this disease. This opinion is also reinforced by several

years of observation in the Cook County Contagious Disease Hospital. In the latter, alcohol, though never extensively employed in this class of patients, has now been practically abolished.

Strychnine is another drug whose use should not be abused. When deemed necessary, its administration should only be for a brief period to tide over some emergency. Certainly the indiscriminate giving of strychnine from the time a diagnosis of diphtheria is made until the disease has run its course is extremely likely to produce dire results. Under such circumstances, the effect on the already weakened heart is much the same as might be expected from constantly beating a partially exhausted horse which is labouring under an excessive load; namely, collapse. The chief requisite of the heart in diphtheria is rest. If stimulants must be given over a prolonged period, some form of digitalis, in my experience, has usually produced the best results. The chief value of strychnine, it seems to me, is as an emergency measure in case of collapse. But if strychnine has been used throughout the course of the disease, little good can be expected of it at such a time.

Now as to the subject of diphtheria antitoxin, two particular elements must always receive consideration: (1) determination of dosage and (2) mode of administration. Dosage: age and sex should exert no influence in the decision of this matter, and it is my belief that weight should not be the determining factor. To say that 100 units per kilo in an average case and 500 units per kilo in a severe case is the limit of antitoxin needed, regardless of the duration of the disease or the site of the membrane, does not impress me at all favourably. A child who has been sick for 4 days certainly demands a larger dose of antitoxin than one who has been ill but a single day. In other words, the amount of production and absorption of toxin from the local fibrinous exudate will depend upon the number of days the membrane has existed. And the more toxin formed the more antitoxin will be required to combat it regardless of the patient's weight. Another vital factor is the site of the primary infection. In a nasal or naso-pharyngeal case the absorption of toxin is very rapid, hence the usually marked toxemia in such a type of the disease. On the other hand, in a purely tonsillar case, the absorption of toxin is not nearly so marked, and, other things being equal, the dose of antitoxin required is not nearly so large. It must be remembered too that the purely laryngeal cases seldom die as a result of toxemia. In this class the chief danger lies in the threatened asphyxiation as a result of mechanical obstruction, or death follows a broncho-pneumonia, which is so common in this type. Consequently, in this form of the disease, while an adequate dose is needed, primary concern must be given to relieving laryngeal stenosis, which may demand either intubation or possibly tracheotomy.

So while each case must be judged upon its individual characteristics in arriving at the proper dosage, it is my experience that the following scale will serve as a fair guide:

1. Purely tonsillar cases from 5,000 units to 10,000 units.
2. Laryngeal, 10,000 units to 15,000 units.
3. Pharyngeal (including tonsils), 15,000 units to 25,000 units.
4. Nasal or naso-pharyngeal, 20,000 units to 50,000 units.

The foregoing doses will vary somewhat according to the duration of the disease, and the possibility of more than a single type occurring in the same patient must not be overlooked. Such a scale as outlined lies between the two extremes, the very small and the massive, which have been advocated. In most instances where the eye, ear, vagina or wounds are involved, the infection is secondary to one of the other types and the scale will still be applicable.

If possible, the maximum amount of antitoxin required for a given case should be administered as soon as determined. Nothing is to be gained by a division of the dose—by repeated small doses. Whatever is required is required at once. Nevertheless, where an error of judgment appears to have been made, there is no reason why an additional quantity should not be injected.

Mode of Administration.—Diphtheria antitoxin has been given in almost every conceivable manner: by mouth, by rectum, intraspinally, intrapleurally and intraperitoneally as well as subcutaneously, intramuscularly and intravenously. The last 3 methods are the only ones worthy of consideration here.

The subcutaneous method, long the route of common selection, is now being very generally superseded, in hospitals at least, by the intramuscular injection. By means of the latter, absorption is much more rapid, and thus the beneficial effects more quickly observed. Moreover, in spite of one's natural suspicion of the accuracy of this assertion, there appears to be no doubt that much less pain and discomfort follow than when injected subcutaneously. The choice of location for the intramuscular injection lies between the gluteal muscle and the muscles at the outer side of the thigh. Personally, I prefer the latter.

Finally there is the intravenous route. This should be the ideal method. However, it has many objections as well as strong points in its favour. The introduction of antitoxin directly into the circulation must, of course, be expected to produce prompt results. And it is a fact that in many cases where the prognosis seems hopeless, after a lapse of 24 hours, the prognosis will look favourable and patients be saved by the intravenous injection who otherwise were surely doomed. Some of the chief objections to a general adoption of this route are, however: (1) it is unsafe to attempt such a procedure outside a hospital; (2) it is often

impossible to insert a needle into a vein of small calibre without dissecting down upon it; (3) shock following the injection is frequently very severe, with alarming symptoms of collapse, and (4) should a case, which has received antitoxin intravenously not survive, there is sure to be a feeling in some quarters that the physician is wholly responsible for the outcome.

When a desperate case—and this is truly the proper class of cases for this method—is given antitoxin intravenously, several points should be borne in mind. After selecting a vein at the bend of the elbow—usually, though almost any other may be chosen—and applying constrictor proximally, the vein may be transfixed by a straight needle, passing through the vein at right angles. This immobilizes the vein and prevents it slipping away from the antitoxin syringe needle. The antitoxin to be given should not be taken directly from an ice box and injected cold as I have seen done; but before injecting, the antitoxin in its container should be immersed in warm water until the temperature is brought up to 98°. No injury to the antitoxin will result from doing this. 5 to 10 minutes should then be consumed in injecting from 5,000 units to 10,000 units. With such precautions shock can often be averted. Additional antitoxin, 10,000 units to 20,000 units may be given intramuscularly at the same time if it seems advisable. Of course it is understood that all work must be done under strictly aseptic conditions.

As a final word, it should be mentioned that at least we have a method which offers great hope for the reduction of diphtheria morbidity, if its application can be generalized. In fact, it now appears to me there is no reason why diphtheria should not be reduced to almost the same degree as smallpox was through vaccination. I refer to the use of toxin-antitoxin (T. A.) for establishing an active immunity.

Without going deeply into the historical side in experimental work on prophylaxis to diphtheria through active immunity, it may be well to relate that Theobald Smith worked along this line between 1907 and 1912. Others (Babes) had done somewhat similar work as early as 1895. However, it was not until after the publication of Theobald Smith's conclusions that von Behring took the matter up and developed the toxin-antitoxin method of active immunity, which is now being used to a limited extent.

The method briefly stated is as follows: One unit of antitoxin, combined with the amount of diphtheria toxin which this 1 unit will neutralize, is put up aseptically in a sealed glass ampoule. 3 such ampoules constitute a prophylactic dose for establishing an active immunity. The contents of 1 ampoule—one c.c.—is injected subcutaneously under aseptic conditions at intervals of from 5 to 7 days. There may or may not be any constitutional reaction following the injections. The same holds true

in regard to local reactions. When reactions occur they are seldom as severe as sometimes seen with the antityphoid vaccine. At present the same quantity of T.A. is generally injected regardless of patient's age.

It must be borne in mind that T. A. is in no sense a substitute for diphtheria antitoxin, where an immediate immunity is demanded following exposure. It ordinarily requires from 3 weeks to 3 months for the active immunity to be established, but when established the immunity is believed to endure from 18 months to several years, and possibly for life. On the other hand, we know that the average immunizing dose of diphtheria antitoxin is only protective for from 10 days to 3 weeks on the average.

One other point to bear in mind when considering the use of T. A.—individuals with negative Schicks are, of course, already immune, so T. A. is not indicated. Therefore, applying this procedure for immunity in schools or institutions, the routine treatment would be to Schick all persons first and give T. A. to those with positive Schicks only. In the presence of a diphtheria epidemic or recent exposure to diphtheria, those with positive Schicks may be given an immunizing dose of antitoxin for their immediate protection, and at the same time the injection of T. A. may be begun in order to ward off diphtheria infection in the future.

Now it may readily be seen what would transpire in a large city in the course of 5 or 10 years if this T. A. principle of immunity was carried out in every school and public institution. In large general hospitals, if all nurses, doctors and attendants who had positive Schicks were to receive this diphtheria prophylactic, it would mean not merely a great saving of lives, but a vast sum of money as well.

It may be said that this method of active immunity has been adopted by the New Municipal Contagious Disease Hospital of Chicago for its employes. I have seen no injurious results from its application nor is there reason to expect any.

What is a Patent Medicine

By FRASER RANEY, M.A., LL.B.

A PROPRIETARY or Patent Medicine, as defined by the Proprietary or Patent Medicine Act of 1908 (a Dominion Statute) "means any artificial remedy or prescription manufactured for the internal use of man, the name, composition or definition of which is not to be found in the British Pharmacopeia . . . and upon which is not printed the true formula or list of ingredients.—(Sec. 2b)."

All such patent medicines are required to be registered at the Department of Inland Revenue. A certificate bearing a number is then issued to the manufacturer or importer and all packages or bottles of the preparations prepared and registered by such manufacturer must bear this registration number.

What is the effect of registration? First as to the manufacturer. Contrary to the popular notion of "patent rights", it confers no exclusive right to manufacture the registered preparations. Any person can prepare a medicine with identical ingredients and cause it to be registered. The registration number issued to him will of course be different, but as far as the Patent Medicine Act is concerned it may bear the same name. The Act does not protect the trade name of the preparation. If such protection is desired it must be secured by registration of the trade name or trade-mark pursuant to the Trade Mark and Design Act. Nor does it pass upon the merits of the medicine, and manufacturers are forbidden to assert or indicate such approval by the law (sec. 10). It will be seen, therefore, that the benefits conferred by registration upon the manufacturer of bona-fide medicines are apparently of little consequence. The most that can be said is that registration under the Act gives the preparation a certain air of respectability, and is of course evidence that the medicine complies with the Statute as to disclosure of certain dangerous drugs and poisons.

Secondly, the protection given to the public by registration is very limited in extent. It is true that the Statute contains some very useful provisions. No registered preparation may contain cocaine or its salts or preparations; or alcohol in excess of the amount required as a solvent or preservative and if alcohol is present the preparation must contain sufficient medication to prevent its use as an alcoholic beverage. A number of dangerous drugs named in the schedule to the Act, such as arsenic, carbolic acid, opium, and strychnine must be disclosed in the affidavit which accompanies an application for registration as also the quantities per maximum dose. If the medicine contains scheduled drugs,

in quantities in excess of that determined by the Department, the names of such drugs must be printed on the label of the bottle or package. Certain drugs such as Oil of Tansy and Cotton Root must be disclosed on the label in any event, whenever they are contained in the preparation.

But registration does not protect the public where it most needs protection. Any preparation, no matter how useless it is, or how fraudulent the claims it puts forward, must be registered if a proper application is made. It may be merely coloured water, or powdered chalk—it may even be positively detrimental to health, but as long as the manufacturer discloses in his affidavit the schedule drugs contained, registration cannot be refused. The San Po Chong Pharmacy of Peking, China, can register as a proprietary medicine a decoction from snakes, birds' nests, snails, etc., and so long as it make application in proper form and pays the annual fee of one dollar, it is entitled to registration.

Medicines prepared according to formulæ contained in the British or other pharmacopias are recognized by the medical profession to have medicinal value. Proprietary preparations on the other hand, the ingredients of which are kept secret to all but the manufacturer, may be concocted by any person, no matter how ignorant and advertised by any method no matter how fraudulent, and may then by virtue of a certificate of registration obtained from the Department of the Interior at Ottawa which is granted for the asking, sell the preparation without restraint as medicines.

Neither the Statute nor the regulations issued pursuant to it require that the formula be disclosed to the Department or Government analyst even confidentially. The regulations issued by the Department state quite frankly that it "does not expect, nor is it desirable, that the formula of any preparation be furnished by the manufacturer" so long as the schedule drugs are disclosed. The Government thus make it quite clear that it assumes no responsibility for any frauds which may be perpetrated on the public by the makers of such medicines. It does not want to know what the preparation contains. The manufacturer's statement as to whether scheduled drugs are contained or not, and his affidavit as to the quantities of schedule drugs contained are accepted without investigation.

The Patent Medicine Act and the regulations make no provision for systematic analysis of preparations submitted for registration. If complaint is made that a particular medicine is violating the law an analysis may be directed. Other analyses have been made from time to time to ascertain desired information, but although the Chief Analyst of the Department of Inland Revenue has a reputation for ability and integrity, the Government does not require him and it is no part of his duty to analyze patent medicines when application is made for registration, or subsequently except on complaint.

The situation with regard to the disclosure of the alcoholic content of proprietary medicines is particularly unsatisfactory at present in view of the existing prohibitory legislation. The statutory provision permitting the use of alcohol in such preparations when not in excess of the amount required as a solvent or preservative and when the preparation contains sufficient medication to prevent its use as an alcoholic beverage is satisfactory as far as it goes. But no provision is made by the statute or by the regulations passed pursuant to the statute for giving effect to this enactment. Many proprietary medicines have been analyzed by the Dominion analyst as the result of complaints made from time to time and have been found to contain large percentages of alcohol and to be available for beverage use yet no prosecutions so far as it is known have been instituted for violation of the statute. There has just come to hand a bulletin issued by the Department of Inland Revenue, giving full data as a result of a recent analysis of 208 samples representing 138 kinds of patent medicines. These samples were obtained by inspectors of the department and submitted for analysis as being all liquid proprietary medicines offered for sale in their locality. 44 samples representing 34 different kinds were found to be free of alcohol or contained traces only; 59 samples representing 45 kinds are described by the analyst as "not available for beverage purposes". 78 samples representing 39 different kinds are described as "available for beverage purposes", while 26 samples representing 20 different kinds are described as "doubtful in this regard". "In some cases," the analyst says, "it is open to question whether the resinous matter which necessitates the use of alcohol (as a solvent) is in fact a necessary or important component of the article". It is commonly said that resinous ingredients are added in some cases to permit of the use of a large percentage of alcohol. He also states that he believes that as a general rule it may be taken for granted that when no more than 10 per cent. by volume of alcohol is present, any patent drug whatever may be regarded as rendering such preparation impossible for beverage purposes, and concludes with the statement: "It will be seen that this subject involves a problem requiring the knowledge of the physician rather than that of the analytical chemist. The latter may furnish the data for a judgment, but the special knowledge of the medical practitioner is needed for correct interpretation. We cannot forget that persons addicted to the use of strong alcoholic liquors are a class by themselves and many objectionable features in a beverage, making it impossible to the ordinary man, might be disregarded by one whose morbid craving for alcohol was overmastering."

In the opinion of the analyst therefore at least 39 patent medicines now on sale in Canada violate the provisions of Sec. 7 of the Act. These medicines are not new on the market; the law has been in force in its

present form since 1908. Can there be any doubt, on the department's own showing, that the statutory provision above referred to is by itself entirely inadequate?

At present alcohol is not a scheduled drug, therefore the quantity of alcohol contained in any proprietary medicine need not be disclosed when it is registered, and consequently the manufacturer may alter the per cent. of alcohol in the preparation as occasion requires. So also he may alter the medication so as to make the preparation more or less palatable. Thus it is a fact that the proportions of the ingredients in certain of the widest known nostrums on the market to-day containing large percentages of alcohol have been altered since Dominion-wide prohibition went into effect, either to make them more palatable to catch the trade, or when suspicion was aroused to make them less palatable to prevent prosecution. The statutory provision permitting alcohol in quantities necessary to hold the ingredients of the preparation in solution has been evaded by inserting gums, resins, etc., requiring a high percentage of alcohol for this purpose and having little or no medicinal value. These facts are well known by the Dominion analyst, but no action has been taken.

The attitude of the Government has been in short no interference and no responsibility. The Minister of Inland Revenue, who is charged with the administration of the law is primarily responsible for this, and the Government is secondarily responsible. The Government has the power, and it is the minister's duty to recommend that they exercise the power to adopt regulations for making the existing legislation effective.

No preparation should be entitled to registration until its true formula has been deposited with the Department and until it has been passed upon by the Chief Analyst or some other qualified official as, to say the least, not detrimental to health.

It would not seem to be too much to ask that minimum medicinal requirements should be stipulated for before registration is permitted.

Alcohol should be made a schedule drug, and the percentage of alcohol contained should be disclosed in the affidavit filed with the application. Manufacturers should be prohibited from altering their formula without due notice to the Department and the approval of the analyst.

Finally, and more important than anything else the Government should enforce the law. So far as is apparent to-day, the organization of the Department of Inland Revenue is such that no person is expressly charged with the prosecution of those who violate the law. This duty should be placed in the hands of a capable official, with power to act, and if the regulations issued pursuant to the statute were amended in some such way as indicated, good results would soon be apparent.

A Ministry of Health*

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Reprinted from *The Medical Officer* of September 28th, 1918

IT is astonishing what a glamour words and phrases exercise over the human mind. With many people the phrase "A Ministry of Health" rivals in effect the spiritual comfort which the old lady derived from "that blessed word Mesopotamia." But the establishment of a Ministry of Health will not bring about a new heaven and a new earth, even in the domain of health. Nor, indeed, is it necessary that it should. There has been no such failure in public health administration as the crusade for a Ministry of Health suggests. Indeed, with an experience of thirty-six years as a medical officer of health behind me, I venture to affirm that public health administration has been crowned with greater success than any other department of public administration.

I believe that that thesis can be proved up to the hilt. I have beside me a wealth of facts and figures bearing on the subject, but I content myself with the quotation of a very few figures from the last published report of the Registrar-General.

I find that the death-rate from smallpox in Scotland, which had been 19 per 100,000 of the population over the ten years 1871-80, had fallen to nothing (or a negligible fraction) in the last quinquennium, 1911-15. Taking the same periods, the death-rate from typhus fever fell from 15 to nothing. The death-rate from enteric fever fell from 15 to practically nothing. The death-rate from scarlet-fever fell from 79 to 13, and that from diphtheria 55 to 15. The death-rate from measles fell—although only from 36 to 33, and that from whooping-cough from 63 to 41.

Public health administration has not been a failure. But it has been inadequate—more particularly in respect of housing—and it is to be hoped that this discussion may point the way to a better system of organization.

The agitation for a Ministry of Health has a wider scope than the phrase. It is a question not merely of the central authority for purposes of health, but of the local authorities and the areas of local administration. All these questions must be considered together.

I remark at the outset that it would be futile to attempt to lay down a rigidly logical definition of the province of a Ministry of Health. Our

*Abstract of paper read at 44th Annual Congress, Incorporated Sanitary Association of Scotland.

social system is too complex for that. Health administration touches and is interwoven with educational administration, Poor Law administration (including Poor Law medical relief and destitution), national insurance, hospitals, the care of lunatics and the mentally defective, prisons, old age pensions, naval and military pensions, as well as some subsidiary matters. Let me observe, in passing, that the fact that our social activities are thus inextricably interwoven furnishes a prime argument for the view that—given a manageable administrative entity, such as Scotland—the Ministry of Health should be within the domain of the Secretary for Scotland, who would also preside over these associated administrative departments, and exercise the necessary co-ordinating influence.

It is impossible to set up any absolute line of demarcation between "health" administration and other departments of the social fabric. Our task is rather to endeavour in a common-sense way, and without a too rigid adherence to theory, to classify the matters which may be conveniently set down as within the sphere of the Ministry of Health and its dependent local authorities. But while we cannot establish a hard and fast definition of that sphere, I think we can find a useful working principle. I suggest that the concern of the Ministry of Health and its dependent local authorities should be with measures which are *predominantly* designed for the *prevention of disease*, leaving to a separate department or departments matters which *predominantly* concern the *health of the individual*.

Let us endeavour to apply that principle.

1. The Ministry of Health would take over the public health functions of the Local Government Board, including the new department of housing. The Poor Law functions of the Board would be transferred to a new department. The public health local authorities would continue, with wider powers, to discharge their public health functions. The supervision of factories and workshops in Scotland would be transferred from the Home Office to the new Ministry and the local authorities, with probably considerably extended powers in the way of "welfare" supervision. The supervision of alkali works and other works liable to emit deleterious fumes would be similarly transferred.

2. *Hospitals*.—Starting from the preventive point of view, local authorities have even now a tolerably elaborate system of hospitals and sanatoriums under their charge, and a considerable extension in various directions is foreshadowed—in the direction of infant and children's hospitals, convalescent homes, sanatoriums, maternity homes, maternity hospitals, hospitals and clinics for venereal diseases, and a large extension of hospital accommodation for measles and whooping-cough. In face of the accomplished fact in this relation, I think it will be agreed that

hospitals, even if not predominantly preventive in purpose, would conveniently be placed under the Ministry of Health and the public health local authority. The voluntary hospitals are working under a rapidly increasing financial strain, which is likely to be accentuated after the war. They are utterly unable to cope with the demands made upon them, and a considerable extension of our hospital system is imminent. I suggest that what is styled "the taint" of the Poor Law should be removed from the existing hospitals established by the parish councils. They and the new general hospitals which will require to be provided should be under the Ministry of Health and the public health local authority.

I desire, however, to state emphatically the view that the voluntary hospitals have done and are doing magnificent work. It would, I believe, be nothing short of a calamity if they were to be allowed to go down. "The quality of mercy is twice blessed—it blesseth him that gives and him that takes." But as a practical man I cannot shirk the fact that the hospitals provided by private funds are now grossly inadequate for the requirements of the case, and that they must be supplemented by rate-supported hospitals. The hospitals provided by the larger parish councils are above all praise, but—there are others. I therefore think that all rate-supported hospitals would be with advantage placed in the hands of the Ministry of Health and the local authority.

3. In a blind imitation of the German method, we in this country endeavoured to graft on to the scheme of national insurance a system of treatment of tuberculosis, regardless of the fact that in this country—in contrast with Germany—it was a principle of public health administration that every person suffering from tuberculosis (that being an infectious disease) was already entitled to receive treatment from the public health local authority. The ironical situation has thus been created that an insured tuberculous person, instead of being in a preferential position, has to pay for such treatment as an uninsured person receives "free, gratis, and for nothing." More than that, treatment is at the disposal of the uninsured person right away. His case being notified to the medical officer of health, that officer has a free hand in dealing with it. The insured person is in different case. He cannot receive treatment until a number of formalities have been observed, some of which may entail considerable delay. Then, when the insurance authority does take up treatment it has simply to refer the patient to the institutions established by the public health local authority.

And to this is added another absurdity. An insurance committee, in the knowledge that it has not the funds necessary for the purpose, may solemnly resolve to provide tuberculosis treatment not only for insured persons, but for their dependents. It prepares a balance sheet showing the estimated deficiency. It then requisitions the local authority, not

directly—that would be too simple!—but through the Insurance Commissioners, for the amount of the deficiency. The local authority may undertake to liquidate this. You thus achieve the crowning absurdity. The local authority hands over a sum of money to the insurance committee, and the insurance committee hands it back to the local authority in payment for the treatment of the patients in the hospitals, sanatoriums, or dispensaries established by that body.

It is evident that the functions of the insurance authorities in respect of tuberculosis should be transferred to the Ministry of Health and the local authority, and that the insured person should be relieved of the burden of his insurance contribution under this head. The funds thus released might very advantageously be applied to the establishment of a system of consultants, the lack of which under the national insurance is much felt.

It is a non-democratic arrangement which places the disbursement of moneys contributed by the ratepayers in the hands of a body not elected by, and not responsible to, the ratepayers. There is an old, if homely, maxim that he who pays the piper has a right to call the tune.

With the development of maternity service schemes and the provision of maternity homes the exiguous "maternity benefit" should also be in the hands of the Ministry of Health and the public health local authority.

4. The Local Government Board and the local authority are at present responsible for the supervision of the health of the child from birth up to the age of five, and if the child is attacked by infectious disease during school age he again comes under the same control. But the system of medical inspection and treatment of school children falls to be carried out by the educational local authority. With the schemes of child welfare now being established, with centres for treatment, children's hospitals, convalescent homes, schools for mothers, etc., clearly the system should be simplified and unified by vesting the administration of medical inspection and treatment in hands of the Ministry of Health and the public health local authority.

Under the existing *regime* we are liable to have the public health authority laying down one period of quarantine for a child and the school board another. We find the education authority excluding a child for contagious skin disease or verminousness, and the public health authority taking up—or not taking up—the question of treatment. These anomalies would disappear under the proposed unification.

5. Similarly, the administration of the main provision of the Children's Act, 1908, should be removed from the parish council and relegated to the Ministry of Health and the public health local authority.

All these matters, I suggest, should be consigned to the Ministry of Health and the public health local authority, with the Secretary for

Scotland in supreme control, and a Parliamentary Secretary subordinately responsible for the department.

What questions remain over? National insurance, destitution, old age pensions, naval and military pensions, the care of lunatics and the mentally defective, and prisons. Let me deal with these in turn.

(a) *National Insurance*.—I suggest that this, with the considerable extension which it is likely to receive (whether in the direction of a national medical service or otherwise) should be left in the very capable hands of the Insurance Commissioners and the more or less reconstructed insurance committees, as a Scottish Department under the supreme control of the Secretary for Scotland. The principles and practice of this department have now been pretty well threshed out and settled, and the local administration may quite well be left to insurance committees, composed of representatives of the friendly societies and the medical profession, with persons nominated by the Commissioners—if they will attend—to keep the ring. With the business, mostly of a routine character, carried out in practice and most efficiently by those very able public servants, the clerks to the committees, the co-opted members of local authorities have ceased to take any active interest in the proceedings.

(b) *"Public Assistance."*—I suggest that the relief of destitution, old age pensions, and the War Pensions Department should be constituted a new department of "Public Assistance," under the co-ordinating control of the Secretary for Scotland.

(c) What remains? The administration of education is being settled for the next generation by the Education Bill now before Parliament. There remain lunacy and mental deficiency and prisons. It is now generally accepted that crime is a manifestation of mental deficiency; it will therefore be logical and practical to group lunacy, mental deficiency, and prisons in one department under a central, and local, "boards of control"—designated by any other name which may smell as sweet. This department would also be under the administrative control of the Secretary for Scotland.

While supervision by a central authority is necessary to the efficiency of local administration, I have the greatest distrust of uncontrolled central interference. The "dead hand" of a Government department is apt to exercise a retarding influence over local administration. To obviate this there should be erected in each sphere of administration—in each of the above departments—an advisory committee, consisting of representatives of the local authorities acting in that sphere, meeting regularly—say monthly—at the central office, thus maintaining touch between the local authority and the central authority; an advisory committee, on the one hand, making suggestions to the central authority, and consulted by it on all matters of policy, and, on the other hand, obtaining explanations if

actions or inactions which at present, in the absence of fuller knowledge, are incomprehensible. We have not much to complain of at the Local Government Board, but the appointment of such an advisory committee would undoubtedly tend to mitigate the dilatory, and even obstructive, policy of the Board in the matter of town planning, and secure us against apotheoses of red tape, such as the recent Regulations for the notification of ophthalmia neonatorum.

Such an advisory committee is already provided for in the Education Bill. The advisory committee in the Ministry of Health would consist of representatives of town councils and district committees. In the department of national insurance the committee would consist of representatives of the insurance committees. In the domain of public assistance it would consist of representatives of the local public assistance authorities. In mental deficiency it would be made up of representatives of the local board of control.

By such an arrangement as I have indicated, we would secure a real and effective Home Rule for Scotland, without the costly establishment of a Scottish Parliament, which would exist mainly for the display of the talents of the phrasemonger and the wirepuller. I make haste to add, however, that if we must have a Scottish Parliament, the scheme which I have sketched would fit in admirably.

It has been suggested, notably by the British Medical Association, that the central control should be by a board of experts. Now, I suppose I should be classed among the experts. But I have the greatest distrust of control by experts, and I have the greatest confidence in a system of control by the directly elected representatives of the people. Mistake may be made, but the general result will be a well-balanced system of administration.

I must again interpose a parenthesis, but it is one of a weighty character. As has been recognized in the domain of education, so in public health administration, no real reform will be achieved unless the smaller units of administration are merged in larger units. On this point the Royal Commission on Housing were very urgent. They conclude—"First, that the obligations now placed upon local authorities cannot be efficiently discharged by local authorities of very small areas and resources; second, that, for the fulfilment of these obligations, the principle of combining county authorities with one another, burghal authorities with burghal authorities, and county authorities with burghal authorities, is a recognized and tested method of bringing about a sufficiently large and suitable administrative area." And they suggest that the Local Government Board should be empowered to require combinations of existing local authorities for all the purposes of the Public Health Acts,

including housing. An approximate standard of a minimum population of 50,000 per unit of administration is suggested.

May I interpolate a further suggestion, which, if adopted, would, I believe, immensely quicken the wheels of administration, central and local. It is that the routine office hours of all Government and local authority offices, and for all officers, high and low, should be from 9 a.m. to 5 p.m. The 10 to 4 system, so largely prevalent in Government departments, tends to the perpetual carrying on of to-day's business into to-morrow, with a corresponding retardation of the work and arrest of progress. The hour lost between 9 a.m. and 10 a.m. is never picked up again.

The Social Background

The Department of Social Service as a Branch of the University

PROF. R. M. MACIVER
University of Toronto

THE business of the University is to inquire and to teach. In that lies the service which it can and should render to society. What then should the special Department of Social Service stand for within the University? Has it any place at all? If it is a real department of the University, it too must inquire and teach. What is there left for if not included within the other departments of the University?

There is a sphere of inquiry which neither the special sciences nor the liberal arts include. That is the sphere of *Applied Social Science*, the study of the conditions on which social welfare depends. Anyone who inquires within this subject, at whatever point his inquiry starts, is sure to find it involves a thousand inter-related conditions, a whole social order in fact. Suppose, for example, the student of Social Service is inquiring into the problem of poverty. Economics may tell him how far it depends on the existing system by which wealth is produced and distributed. The student of the Department of Social Service ought to know that—and something more. He should know of the various practical experiments that have been made to diminish poverty as well as to alleviate it, of their success and their failure, and of the bolder schemes which have been proposed with a view to its abolition. He should be able to understand how poverty is related to employment and to unemployment, to the wage system and to the competitive system. He should know its relation to housing conditions and to factory conditions. He should know its relation to the great economic and social divisions, whether within or between nations, which characterize our modern world. He should examine and understand the varied standards of living within a community and the psychology which goes with them. He should know the organization of the city and of the rural districts. He should be taught the principles of social hygiene and the actual hygienic conditions, mental and physical, of the community. He should know the character and the history of the many institutions which have sprung up within society, from the church to the theatre, from the social

settlement to the welfare department of the big store, from the hospital to the playground. He must also learn of the problem of government and of what it does and seeks to do in any of these directions. And, finally, he should know how men are all bound together so far as their welfare is concerned in this very complex and far too little understood society of ours.

So, from whatever point he starts, whatever question he is immediately interested in, the student is led to see its relation to a hundred other questions. To answer any one question he must answer a hundred others. There is no way out except a knowledge of the actual social order in its multitude of inter-relations. To take any one question by itself means patchwork and often means failure. There is in fact, there has to be, a science of society and this must be extended and must be applied before we can hope to solve our problem. To give an insight into that science, however fragmentary it still may be, to help in making it more complete, to train students in applying its lessons in any of the careers which now call for social workers; that is the business of the Department of Social Service. It is a task and an opportunity of great magnitude and still very inadequately fulfilled, but its importance must be appreciated first to insure the provision necessary for the carrying on and the development of this work.

At the University of Toronto the experiment of a Department of Social Service has been tried for the past five years. That experiment has without doubt shown a need for it, both by the demand for those who have received its training and by the growing interest in the work which it seeks to do. Recently the Department has broadened the scope of its work, new subjects have been introduced, such as: the Evolution of Modern Industry; the Municipality—its work and problems; Women in Industry and other Labour Problems; Rural Conditions and Institutions; and the Immigrant in the Community. It is necessary, if it is to work effectively, that the Department should give training alike in the theory and in practice, and, therefore, all regular students are required to spend at least ten hours a week in supervised field work. No training is ever completed within the walls of a university. There the stimulus may be given and the direction of mind and will be determined, which is the first requisite for those who wish to enter the ever-extending field of social work.



The Provincial Board of Health of Ontario

Report of Communicable Diseases for the Month of November, 1918

SPANISH INFLUENZA AND PNEUMONIA.—The returns made by the undertakers for the month, show a decrease in the deaths compared with *October* when 3015 deaths were reported as against 2608 for *November*, but when some later returns are received they may bring the number of deaths close to the figures given for *October*. While a great number of undertakers are prompt in making returns of deaths, yet quite a number fail to make them for a month or more after the deaths have occurred. The most regrettable feature is the fact that some fail to make any returns. For some months the undertakers for the city of *Ottawa* have neglected to make reports of deaths and should they continue to violate the Regulations the Department has no other recourse but to prosecute those who refuse to conform with the Act.

DEATHS FROM SPANISH INFLUENZA AND PNEUMONIA FOR NOVEMBER 1918.—BY AGES: 1 to 8, 280; 9 to 19, 160; 20 to 29, 1,360; 30 39, 508; 40 to 49, 121; 50 to 59, 68; 60 to 69, 59; 70 to 79, 52.

SPANISH INFLUENZA AND PNEUMONIA, RETURNS OF DEATHS BY UNDERTAKERS FOR NOVEMBER

Municipality	Population	Deaths from Spanish Infl. and Pneumonia	Death Rate per 100,000
Brantford.....	26,600	35	157
Belleville.....	12,000	19	190
Chatham.....	13,900	21	181
Guelph.....	16,000	12	90
Niagara Falls.....	11,700	20	205
Sarnia.....	16,000	10	75
St. Catharines.....	18,000	28	186
Stratford.....	17,300	17	118
Welland.....	7,900	44	668
Orillia.....	7,400	9	146
Barrie.....	6,800	9	158
Kenora.....	5,246	28	640

SPANISH INFLUENZA AND PNEUMONIA, RETURNS OF DEATHS BY
UNDERTAKERS FOR NOVEMBER—*Contd.*

Municipality	Population	Deaths from Spanish Influenza and Pneumonia	Death Rate per 100,000
Midland.....	7,100	52	878
Sudbury Town.....	7,040	68	1,160
North Bay.....	9,650	26	323
Brockville.....	9,400	14	178
Owen Sound.....	11,800	13	122
Paris.....	4,450	22	591
Chapleau.....	1,700	10	693
Victoria Harbour.....	1,540	12	857
Casselman.....	1,000	20	2,400

NOTE—*Some late returns for October are included.*

These figures are taken from some of the places where the disease is most prevalent. The total deaths are 2,608 but will be increased when the late returns for the month are received.

The Epidemic of Influenza

Statement of the Provincial Board of Health

The Provincial Board of Health deems it advisable that the following facts relative to the steps taken by the Board in the recent epidemic of influenza should be given to the public.

Before any cases were reported in Ontario, the Board had secured advance information regarding the disease from Boston, New York and Philadelphia, and issued to every physician in the province a circular of information regarding the known facts of the disease. This was succeeded by a circular to every Medical Officer of Health pointing out the law and regulations governing the disease and advising precautions to be taken. This information received wide circulation in the Press. Subsequent to this, fuller information was supplied to all physicians practising in Ontario. It was pointed out that the law governing the closing of schools, churches and public assemblages rested with local Boards of Health, with whom the Board did not propose to (and did not in any case) interfere.

The law in Ontario does not require placarding or quarantine of influenza, and while this matter received due consideration by the Board and the Government it was deemed inadvisable to amend the Regulations in this respect. The Board is well aware that such laws are in force in many of the States of the United States and in a number of the Provinces of Canada, but information in the Board's possession shows

that in an epidemic of influenza, laws of the kind are impracticable. Four-fifths of the Health Officers of Canada and the United States give it as their opinion, that placarding and quarantine of influenza cases in such an outbreak as we have had are incapable of enforcement. Previous to and in the duration of the epidemic, the undersigned was in constant communication with the Chairman of the Board. Additional funds were provided by the Government to meet emergencies and every effort was put forward to curb the spread of the disease and mitigate the distress incident to it.

The earliest appeal for help in fighting the epidemic came from Renfrew, and it was then apparent that Ontario had, on account of the war, a very great shortage of physicians and nurses. However, sixteen nurses and several physicians were sent to Renfrew where they did excellent work. The Board at once began the organization of an Emergency Nursing Auxiliary. Branches of this Auxiliary were formed and nursing help made available in cities and towns all over Ontario. In Toronto the Board trained about 1,200 V.A.D.'s and supplied nursing help to over 1,000 Toronto families. Similar valuable assistance was provided in a large number of places. Lecturers for the training of nurses were sent to many organizations.

Appeals began to come from numerous towns for physicians and trained nurses, and dozens of doctors and scores of nurses were sent and are still being supplied far and near all over Ontario. In no instance was an appeal for help overlooked. Even members of the staff, both nurses and physicians, voluntarily gave their services to places in distress. In this work, the District Officers of Health were conspicuous. Early in the course of the outbreak strains of the Influenza Bacillus were secured from Boston and New York, and the Board's Laboratories at Toronto and Kingston and the Connaught Laboratories (University of Toronto) set to work in the preparation of a prophylactic vaccine. As soon as available this vaccine was supplied, first to hospitals for the use of the medical and nursing staffs, and then to Medical Officers of Health, the soldiers, munition and other industrial works. Within a month hundreds of thousands of doses of this vaccine were distributed. Although the staff of the Board has been much depleted, over twenty members being on active service, the remainder worked night and day in the endeavour to meet all demands. How we have succeeded may be judged by the hundreds of congratulatory communications received by the Board upon its work and by comparing the ravages of the epidemic in Canadian and United States cities, as supplied to the Board by the respective health departments as follows:

CITIES IN CANADA

Cities	Population	Deaths from Influenza and Complications, chiefly Pneumonia.	Death rate per 100,000 population.
Fort William.....	18,850	45	238
Sault Ste. Marie.....	12,829	41	319
Ottawa.....	104,000	570	548
Port Arthur.....	15,224	20	131
Windsor.....	30,000	32	106
Kingston.....	22,265	145	644
London.....	57,301	187	326
Toronto.....	490,000	1,600	327
St. John, N.B.....	42,511	126	296
Winnipeg.....	183,595	366	211
Montreal.....	640,000	3,128	489
Halifax.....	46,610	163	329
Hamilton.....	104,491	244	233

CITIES IN UNITED STATES

Boston.....	670,585	2,084	321
Pittsburg.....	533,905	3,894	720
Philadelphia.....	1,549,008	12,687	819
Washington.....	331,069	1,564	501
*Camp Sherman, Ohio	33,000	842	2,551
New York.....	5,737,492	22,950	400

The Board is not accustomed to advertise its work. In fact, one of Canada's most prominent public men has said that this failure is our greatest fault, but since the Board's work in the epidemic has been called in question it may properly point out to the public of Ontario a few of its many activities within the last few years.

(1) Establishment of District Officers of Health.

(2) Development of a corps of Sanitary Engineers and of an Experimental Station for the study of problems relative to sewage and water, the latter being said by competent observers to be the best of its kind in America.

(3) The securing for the people of Ontario various sera and antitoxins used in the prevention and cure of such diseases as diphtheria, meningitis, tetanus, rabies, whooping-cough, smallpox, typhoid and paratyphoid, babies' sore eyes, *all free of cost to the individual*. Incidentally, the action of the Board has made these products available all over Canada at prices below those prevailing in any place on the continent.

(4) Establishment of a Child Welfare Bureau.

*Military Camp had 2001 cases of pneumonia with 842 deaths (+41%).

(5) Enactment of a Venereal Diseases law which is rapidly being taken as a model law for the other Canadian provinces.

(6) Development of an advanced educational movement in public health with health exhibits, film productions, etc.

(7) At the outset of the War, the Dominion Government was without facilities for the supply of typhoid vaccine and Ontario Board of Health alone, of all the provinces, had such facilities. Since that time the Board has supplied *gratuitously* to the Department of Militia and Defence about \$250,000 worth of typhoid and paratyphoid vaccine which has proved an invaluable aid in the prevention of enteric fevers among the soldiers.

The Board has no objection to, but welcomes legitimate criticism, but surely criticism should be supported by facts and not as has been the case in some quarters by statements that are downright falsehoods.

JOHN W. S. MCCULLOUGH,
Chief Officer.

COMPARATIVE TABLE

<i>Diseases</i>	1918		1917	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
Smallpox.....	6	0	37	0
Scarlet Fever.....	159	9	188	0
Diphtheria.....	167	30	432	16
Measles.....	68	8	384	0
Whooping Cough.....	60	23	142	9
Typhoid.....	46	13	37	6
Tuberculosis.....	159	124	101	52
Infantile Paralysis.....	1	0	7	0
Cerebro-spinal Meningitis.....	8	5	14	5
	674	212	1332	88

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH

	NOVEMBER 1918	OCTOBER 1918
Syphilis.....	17	56
Gonorrhoea.....	75	193
Chancroid.....	2	4
	94	253

Women's Auxiliary Army Corps

POPULARLY KNOWN AS "THE WAACS".

Whenever a great organization springs into existence there is created of necessity, a wide-spread interest in that event. But the real interest centres in the antecedents of that organization. What phases of public opinion and endeavour, what principles governing the intercourse of human beings have crystallized themselves, finally into this tangible form? These questions naturally arose when the Women's Auxiliary Army Corps (familiarily called the "Waacs") came into being.

It was January, 1917, when Lord Derby at the Women's Service Demonstration in Albert Hall asked for women to do clerical work in the army. In February the official appeal was issued and volunteers answered on every hand. Within less than a year these recruits were coming in at the rate of 10,000 a month. This immense body has been made "part and parcel" of the British Army working under its rules and regulations and serving wherever duty calls without regard to danger.

Nothing so efficient could have sprung into existence suddenly. The service asked by the Government was that of support and substitution—replacing man-power. All this required strenuous training which was acquired in numberless voluntary organizations formed by women at the very beginning of the war. Most of these, either in whole or in part, have been merged into the "Waacs". Among them is the Women's Reserve Ambulance, which was so highly trained that, at the time of the first zeppelin raid, these women were the first to reach the injured and give aid. Indeed, there was no work left for the regulars when they arrived.

There was also the Women Signallers Territorial Corps whose Commander-in-Chief was Mrs. E. J. Parker, sister of Lord Kitchener. These women voluntarily trained themselves in every kind of signalling, semaphore-flags, mechanical arms, Morse, with flags, airline, cable, telegraphy, buzzer, wireless, whistle, lamp and heliograph. Map reading was also mastered. Through this corps "wireless" for women in England was introduced and one of its members holds an important post as teacher of wireless in a wireless telegraph college.

The Women's Legion was another antecedent of the "Waacs." Its members voluntarily organized to furnish cooks and waitresses for camps and secured 1,200 in one year. They also took over the cooking and serving in the first convalescent camp that employed women in those capacities. The Women's Volunteer Reserve and the Women's Auxiliary are two other forerunners of the "Waacs".

Small wonder it is that within less than a year after the formation of this branch of the army service there are women signallers in France doing such good work that the Officer Commanding Signals is asking for thousands more. That the "Waacs" are an officially recognized arm of the Army Service fills every woman's heart with joy and pride. It is inspiring to contemplate the broad vision which leaped ahead far enough to see the need of service years before the Government could use that training. Patriots and heroines they are indeed, these workers.

Wherever the British Army is needed there the "Waacs" are found. Efficiency follows wherever they lead, whether it be in England or just back of the firing line in France. Their work divides itself into five great classes. A large number serve as cooks and waitresses and when one realizes that as many as sixty cooks are necessary in some camps one also realizes the service performed in releasing men to say nothing of the greater economy in the use of food stuffs.

Clerical work is another branch of service but, in a way, the most interesting is the Signallers' work. They alone of all the "Waacs" wear Army badges. The "Hush Waacs" number about a dozen and are connected with the Censor's office. They are fine linguists and can decode any messages whether signalled or written. Another interesting work is that done by the drivers of motors and transports.

The work known as "Salvage" employs hundreds of workers who redeem every kind of battle-field debris converting it into something usable. Army boots, for example, are repaired to the number of 30,000 a week. One kind goes to the men in the trenches, another to men on lines of communication and a third to prisoners and coloured labourers. When uppers are of no further use they are cut up into laces, helmets, leather and cloth equipments, rifles, horseshoes, spurs—everything is used by these capable women who work just back of the firing line. The postal service also employs large numbers to look after letters and parcels.

One kind of work handed over to the women will be appreciated wherever the call to the colours has been heard and that is the care of the graves of those who have fallen. Many of these are in lonely spots by the roadside or in fields—All are to be plainly marked and planted with flowers. No work is more faithfully performed than this.

The bodily comfort of the "Waacs" is well looked after and they find in the Y.W.C.A. the same friend that the men have found in the Y.M.C.A. The pay of the "Waac" is that of the ordinary soldier (about twenty-five cents a day) and if she renews her contract at the end of the year she received a bonus of £5. She is allowed a fortnight's leave each year. All the officers are women but although their appointments are gazetted in the usual way, none of them holds a commission nor carries a Military title.

Dependables and their Work

DR. ELSIE INGLIS—WOMEN MUNITION WORKERS.

Dependability is winning this war.

That sounds good but not too good to be true. Facts warrant the assertion. The great question that faces every woman to-day is: "How many Dependables are there and how do I rank?" The answer to that question shows just how near each one is to the firing line. Women are, to-day, an integral part of the army and navy and are just back of the firing line in France. The reason is because they are dependables.

Some one will say: Oh! but I do not count! I can't do anything but knit and sew. It takes brains to be a Dependable. "Right you are about the brains but as wrong as can be about your not counting. The war would long since have been won by Germany had there not been, right here in Canada, an immense army of Dependables stretching all the way from Labrador to Alaska and every one of them knitting and serving in the way known only to Dependables. That endless stream of Red Cross supplies that started as soon as war was declared and has never slackened is testimony enough to the existence of Dependables in Canada. The comforts for soldiers bear witness to the fact that there is a dependable generosity in Canada which links it right up to the trenches in spite of the intervening Atlantic.

Being a Dependable consists in the determination to be a Dependable. It was that one thing that marked the difference between Dr. Elsie Inglis, who died last November, and thousands of other women of equal ability and training. It was her dependability which caused her to accomplish a task which will forever be the highwater mark of a Scottish woman's devotion to duty and humanity. It was nothing but dependability that enabled her to lead 8,000 Serbian soldiers safely to England from Roumania by a circuitous route through Finland because of possible ambush laid by the revolting Russians. Transportation, nursing, supplies, everything was superintended by this capable woman, and when the end was gained she paid for the success with her life.

"For every shell you fail to send over ten of us are killed," was the message from the trenches soon after the war began. Germany was sending ten shells to our one. English women read the message and read between the lines also. They know that, sooner or later, it would be their work, their privilege to make those shells. Without even waiting to make sure that anyone else felt as they did about the matter they began preparing themselves to make munitions. They trained along the same lines

as men. They were skilled workers when the munition factories opened their doors to women. There is the secret of the wonderful work of support and substitution carried on by British women the world over. They trained themselves and became dependable. One million English women volunteered for munitions making and Canada answered with her thousands of Dependables.

The world with difficulty accustomed itself to the thought of women facing real danger and doing arduous work. Women faced it because of some loved one in the trenches or some grave "over there." Scarcely had the army of munition workers commenced its magnificent work when another army of a quarter million organized to do whole or part-time work on the land. The same spirit of dependability that guided the other women workers characterized this new body. They prepared themselves for the work in hand and resolved to "see it through." Last summer saw the beginning of a land army of women in Canada and the coming summer will witness both an increase in the number of workers and a taking on of more kinds of work because of wide spread organization.

To-day, in England there is almost no branch of work in which women are not employed and in no place have they failed to make good. The quality of their work is excellent, and, in some cases, the output has more than doubled that of men. Even quarrying and mining are open to women to-day, and in Canada the same condition will exist if the war continues. But every one knows that the Canadian woman is a real Dependable!

Editorial

The Canadian National Committee for Mental Hygiene

The problems facing the Canadian National Committee for Mental Hygiene are of such a character as to make possible a great deal of valuable constructive work. The question of insanity has not been dealt with by provincial governments in the past in anything approaching an adequate manner. Many institutions are not up to date. Most are understaffed and facilities for investigation have been almost entirely lacking. The problems of prevention have been scarcely thought of. The feeble-minded question has also been neglected to as great an extent. There are very few institutions for the care of the feeble-minded and those that exist pay little attention to the scientific aspect of the question or its larger social ramifications. The question of the relation of all forms of mental defect to crime, juvenile delinquency, illegitimacy, prostitution, unemployment, pauperism, alcoholism, etc., have been the interest of a few hard working investigators only, although public opinion is beginning to be aroused on the question. The attitude of immigration authorities is well demonstrated by the report of the National Committee that in some provinces no less than 50 per cent. of the feeble-minded and insane in our asylums come from countries outside of Canada.

The Canadian National Committee although a young organization has extensive plans for the future and already has some accomplishments to its credit. At the invitation of the Public Welfare Commission of the Manitoba government a survey has been undertaken in that province of all governmental educational and charitable institutions dealing with mental abnormals and a report on the situation is it is understood now available. Various other provincial and municipal surveys are contemplated.

The appointment of an inspecting Psychiatrist for the Invalid Soldiers' Commission has been made and should be of value, while also at the suggestion of the Committee trained social workers will visit discharged men and help by offering advice concerning occupation and personal hygiene. Such a system should be of great value particularly to soldiers previously disabled by mental disorders and should be of no small assistance in helping such soldiers to adjust themselves to civil life. The Canadian Army Medical Corps also has decided to appoint social workers in Montreal and Toronto as the result of a practical demonstration made by the Committee.

Such are examples of work accomplished. The Committee is supported by private donations which so far have made possible an annual

budget of \$16,000, but it is expected that in the near future a budget of perhaps \$30,000 will be required to cover necessary expenditures. This work is to be highly commended and doubtless as the activities of the Committee become generally known their value will be so appreciated that financial assistance will be given by an ever increasing number of generous citizens.

Book Reviews

Preparing for Womanhood, DR. E. B. LOWRY. \$1.00. Forbes & Co., Chicago.

This is another excellent volume in the world-famous sex hygiene series by Dr. Lowry, a foremost writer on the subject. It is a book for girls from fifteen to twenty-one and it helpfully discusses health, home-making and everything girls need to know to become happy, healthy women. The questions which arise in the mind of every girl concerning her health and her future are answered in this splendid book.

The author, who is a physician of high repute, understands girls and their needs and talks to them in this book in an intimate, friendly way which will win their esteem. The knowledge which leads to noble womanhood and efficient motherhood could not be better set forth.

Every mother, every teacher and all persons interested in the welfare of girls should know this important book and extend its usefulness by putting it in the hands of as many girls as possible. Any girl or young woman would enjoy the book and derive lasting benefit from reading such a valuable aid towards making life a success.

The civilized world is now awake to the great importance of healthy babyhood and such a book as this is needed to instruct girls and young women to so care for themselves that the next generation will be assured of healthy mothers. The widespread reading of this book would help to advance the nation and the race.

Dr. Lowry is doing a fine, noble work for humanity in this and other books which are designed to combat the sad ignorance of far too many girls and women as to the structure of their body and the care of it. The books are written with scientific truth and scientific purity; and what renders them greatly valuable is the fact that the directness and the unpretentious clearness of their style make them thoroughly comprehensible to all who care to read and care to understand.

